

CGS-2 REV. 11/02

STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE
Charitable Games
555 Russell Road
Newington, CT 06111-1523



1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail application forms to **P.O. Box 310424, Newington, CT 06131-0424.**
4. The Division of Special Revenue will assign an Individual Sales Permit Number (I.S.P.) upon approval.

TO: DIVISION OF SPECIAL REVENUE				I.S.P. (To be assigned by Special Revenue)			
NAME OF APPLICANT (Last) (First) (Middle)			SOCIAL SECURITY NUMBER				
ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)			TELEPHONE NUMBER ()				
HOW LONG AT PRESENT ADDRESS?		PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)					
DATE OF BIRTH (Mo.) (Day) (Yr.)		PLACE OF BIRTH		SEX M <input type="checkbox"/> F <input type="checkbox"/>		HEIGHT WEIGHT	
Have you EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/>							
IF "YES", GIVE DETAILS:							
ORGANIZATION REPRESENTED (Name) (No. and Street) (City or Town) (State) (Zip Code)							
ORGANIZATION'S IDENTIFICATION NUMBER				HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OR WORKER OF ORGANIZATION? Please specify in terms of years or months. YEARS MONTHS			
Have you ever applied for an I.S.P. to sell sealed tickets for any other organization? YES <input type="checkbox"/> NO <input type="checkbox"/>							
IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)						ASSIGNED I.S.P.	
APPLICANT'S SIGNATURE (Please sign with blue or black ink only)						DATE (Mo., Day, Yr.)	
I hereby certify that the above named applicant is a bonafide member of the represented organization.							
SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)						DATE (Mo., Day, Yr.)	
DO NOT WRITE BELOW THIS LINE							
APPLICATION FOR I.S.P. IS APPROVED		SIGNED (Executive Director of Division of Special Revenue)				DATE (Mo., Day, Yr.)	

DISTRIBUTION: **WHITE** - Charitable Games **CANARY** - Liaison Officer **PINK** - Organization

INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR PERMIT TO SELL SEALED TICKETS (INDIVIDUAL)

1. **Do NOT fill-in an Individual Sales Permit Number.** The Division will assign the individual sales permit number to the applicant.
2. Print or type the complete name (last, first, middle) and **home** address (**number, street, town, state, zip**) of the applicant. **NOTE:** Please do not provide a post office box as it does not represent a home address, and is, therefore, considered unacceptable.
3. **Clearly** provide the applicant's Social Security Number. Please ensure all nine (9) digits are provided.
4. Print the telephone number of the applicant.
5. Answer the question, "How long at present address?" (specify the length of time in months or years), and provide complete information (**number, street, town, state, zip**) regarding the applicant's previous address, if any.
6. **Clearly** provide the complete date of birth (month, day, year) of the applicant. **NOTE:** An applicant must be at least eighteen (18) years of age, however, a minor at least sixteen years of age may apply for an I.S.P. provided a note, which has been signed by the minor's parent(s) or legal guardian(s), is attached to the application stating he/she has permission to volunteer to sell sealed tickets.
7. Provide the applicant's place of birth (town and state), sex (male or female), height and weight.
8. Answer the question, "Have you **EVER** been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?"
9. If the applicant answered "yes" to the previous question, the details of such crime, felony, misdemeanor, disorderly persons offense or other offense (other than a traffic violation) must be provided in the designated area on the form.
10. Provide the complete name of the sponsoring organization (**as it is printed on the organization's approved permit certificate**), and its complete address (**number, street, town, state, zip**).
11. Provide the seven (7) digit identification number assigned to the sponsoring organization.
12. Answer the question, "How long have you been a bona-fide member or worker of organization?" (specify the length of time in years and/or months). **NOTE:** An applicant must have been a bona-fide member or worker of the sponsoring organization for a period of at least six (6) months prior to submitting an application for an individual sales permit number.

Instructions/Completion Of Application For I.S.P.

13. Answer the question, “Have you ever applied for an I.S.P. to sell sealed tickets for any other organization?”.
14. If the applicant answered “yes” to the previous question, the complete name of the sponsoring organization, complete address (**number, street, town, state, zip**), and the I.S.P. which was previously assigned to the applicant must be provided.
15. The applicant must sign and date the application (in blue or black ink only), in the space provided.
16. An individual who is listed as an officer of the sponsoring organization on the organization’s approved application for a permit must sign and date the application as a ranking officer. **NOTE:** The applicant may not sign his/her own application as an officer.
17. A Notice and Statement of Applicant (CGB/S-2A) form must be submitted along with the application form. The applicant must print and sign his/her name and date the form in the two designated areas.
18. Submit the application and the Notice and Statement of Applicant (fully intact) to the Division of Special Revenue, Charitable Games Unit, P.O. Box 310424, Newington, CT 06131-0424 for consideration of approval and issuance of an individual sales permit number.
19. If you have any questions pertaining to the completion of the application, please do not hesitate to contact us at 1-800-338-6331 or (860) 594-5480.